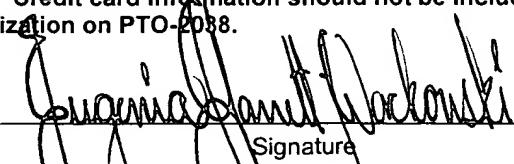


PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) 15280W-003000															
In re Application of Hyun K. Kim et al. Application Number 09/526,855 Filed March 17, 2000 For STRUCTURAL MODIFICATION OF 19-NORPROGESTERONE I: 17- ALPHA-SUBSTITUTED-11-BETA-SUBSTITUTED-4-ARYL AND 21- SUBSTITUTED 19-NORPREGNADIENEDIONE AS NEW ANTIPROGESTATIONAL AGENTS Art Unit 1616 Examiner Barbara P. Radio																	
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired):</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"><input type="checkbox"/></td> <td style="width: 80%;">One month (37 CFR 1.17(a)(1))</td> <td style="width: 10%; text-align: right;">\$</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Two months (37 CFR 1.17(a)(2))</td> <td style="text-align: right;">\$</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Three months (37 CFR 1.17(a)(3))</td> <td style="text-align: right;">\$950</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Four months (37 CFR 1.17(a)(4))</td> <td style="text-align: right;">\$</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Five months (37 CFR 1.17(a)(5))</td> <td style="text-align: right;">\$</td> </tr> </table> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$.</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 20-1430.</p> <p>I have enclosed a duplicate copy of this sheet.</p> <p>I am the <input type="checkbox"/> applicant/inventor.</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p><input checked="" type="checkbox"/> attorney or agent of record.. Registration Number 37,330</p> <p><input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a). _____.</p> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <p style="text-align: center;">3/24/04 Date EBRAHT 00000043 201430 09526855 950.00 DA</p> <p style="text-align: right; margin-top: 20px;">  Signature Eugenia Garrett-Wackowski, Reg. No. 37,330 Typed or printed name </p>			<input type="checkbox"/>	One month (37 CFR 1.17(a)(1))	\$	<input type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$	<input checked="" type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$950	<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$	<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$
<input type="checkbox"/>	One month (37 CFR 1.17(a)(1))	\$															
<input type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$															
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<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$															
<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$															

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

*Total of _____ forms are submitted.